



**ILLINOIS**  
**DEPARTMENT OF CENTRAL  
MANAGEMENT SERVICES**  
P.O. Box 19208, Springfield, IL 62794-9208

**STATE EMPLOYEES' DEFERRED COMPENSATION PLAN  
ENROLLMENT FORM**

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections. For more information, call the Deferred Compensation Office at 1-800/442-1300, 1-217/782-7006 or TDD/TTY 1-800/526-0844.

## **READ THIS INFORMATION COMPLETELY BEFORE SIGNING**

I hereby acknowledge receipt of a copy of the Plan and agree to the terms and conditions. I hereby acknowledge that I have received and read a prospectus for each mutual fund in which I am investing. I understand and acknowledge that all amounts of compensation deferred pursuant to the Plan and all income attributable to such amounts shall be held in one or more custodial accounts for the exclusive purpose of participants and beneficiaries under the Plan. I understand that participation in the Deferred Compensation Plan is a benefit offered by the State of Illinois. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the State and its employees, officials, agents, assignees, and successors from any liability for all acts in good faith.

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

Liaison Name \_\_\_\_\_ Agency \_\_\_\_\_ Approval of Deferred Compensation Office required before payment can be made.

Date \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity.